



# Illinois Department of Transportation

## Application for Limited Continuous Operation

of Legal Weight, Oversize Construction Equipment  
and Other Loads Including Stackable Items  
and Excluding Manufactured Housing/  
Storage Buildings and Trusses Over State Highways

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Exp. Date _____
Credit Card No. _____		
<b>OR</b>		
Permit Account No. _____		

### Type or use Ink

Name	Start Permit on (Date)	Mail, Fax, or Email Application to: Illinois Department of Transportation 2300 S. Dirksen Pkwy., Rm. 117 Springfield, IL 62764 Fax: (217) 782-3573: Email: Permitoffice@dot.il.gov
Street Address	Are moves for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip	Telephone (____) _____ If for hire, ICC No. _____	

### Overall Dimensions of Vehicle and Load (check one)

- ☐ Width up to 10 ft., ☐ Height up to 14 ft. 6 in., ☐ Length up to 70 ft. – Fee \$100 quarterly or \$400 annually  
☐ Width up to 12 ft., ☐ Height up to 14 ft. 6 in., ☐ Length up to 115 ft. – Fee \$150 quarterly or \$600 annually

### Check Type of Permit Being applied for:

- ☐ Quarterly Permit  
☐ Annual Permit

### How do you want the permit returned to you?

- ☐ Mail (to the address above)  
☐ Pickup (I will pick it up at the Permit Office)

### Check the Box Number of the configuration that applies to the move being made.

Box Number	Method of Movement	Load Being Moved
<input type="checkbox"/> 1	Loaded	Construction Equipment
<input type="checkbox"/> 2	Loaded	All loads other than construction equipment including stackable items
<input type="checkbox"/> 3	Towed	Construction Equipment
<input type="checkbox"/> 4	Towed	All loads other than construction equipment
<input type="checkbox"/> 5	Own Power	Any Vehicle

This form, along with all other Illinois OS/OW Permit application forms, is available on the Internet at:  
<http://www.dot.il.gov/Road/trucks.html> .  
Click on Application Forms. Adobe Acrobat required.  
For more information call 217-558-1428.

If Box Number 1, 2, 3 or 4 checked above go to **AREA A** to complete the application.

If Box Number 5 checked above go to **AREA B** to complete the application.

### AREA A

Enter the Tractor License Number and State.

License Number \_\_\_\_\_ State \_\_\_\_\_

If 2 checked above:

Are you moving a load of stackable items? ☐ Yes ☐ No (Check one)

If 2 or 4 checked above enter a specific Description for the load being moved.

Load Description \_\_\_\_\_

### AREA B

Enter the Make, Model, and Description of the vehicle being moved.

Make \_\_\_\_\_

Model \_\_\_\_\_

Description \_\_\_\_\_

If the Serial Number of the vehicle being moved is known enter it below.

Serial Number \_\_\_\_\_

Otherwise

Enter the License Number and State of the vehicle being moved below.

License Number \_\_\_\_\_ State \_\_\_\_\_